

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/54985

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		/	/			
3		/	/			
4		/	/			
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6		4	/			
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16		②	/			
17		③	/			
18		④	/			
19		⑤	/			
20		⑥	/			
21		⑦	/			
22	1		/			
23		⑧	/			
24		⑨	/			
25		⑩	/			
26		⑪	/			
27		⑫	/			
28		⑬	/			
29	1		/			
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TOTAL IND.			3			
TOTAL DEP.			25			
TOTAL CLAIMS			28			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						